

UNITED STATES PATENT & TRADEMARK OFFICE  
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REQUEST FOR PATENT FEE REFUND			
1 Date of Request:	2 Serial/Patent #	10/517286	
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$ 100
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		7 TOTAL AMOUNT OF REFUND	\$ 100
8 TO BE REFUNDED BY:			
<input type="checkbox"/> Overpayment		Treasury Check	
<input checked="" type="checkbox"/> Duplicate Payment		Credit Deposit A/C #: 1 4-11270	
9 No Fee Due (Explanation):			
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11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>TAMALA Holland</u>		TITLE: <u>Paralegal</u>	
SIGNATURE: <u>J. Holland</u>		PHONE: <u>703-308-9140</u>	
OFFICE: <u>PCT</u>		X209	
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APPROVED: _____		DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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